CDM-MOC-FORM: ANNEX 2

This annex is to be used by the focal point(s) for scope of authority (b) or by the submitting project participant when applicable, to request changes to project participant status and contact details of focal points following project/programme registration.

Date of submission:	17/01/2024
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	Reducing Gas Leakages within the Bakhrabad Gas Distribution Network in Bangladesh
Project/programme of activities reference number:	10559
SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)	
The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details: ☐ Project Participant ☒ Focal Point	
Name of entity: Ecoeye Co. Ltd.	
Address: 11th floor 61 Yeouinaru-ro Yeondeungpo-gu Seoul Republic of Korea	
Party (country authorizing participation):	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Rhee	Telephone 1:
First name: Soo Bok	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Ha	Telephone 1:
First name: Sang Sun	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details: ☒ Project Participant ☒ Focal Point	
Name of entity: EcoGas Asia Limited	
Address: Brumby Centre, Lot 42, Jalan Muhibbah 87000 Labuan Malaysia	
Party (country authorizing participation): Bangladesh	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Newcombe	Telephone 1:
First name: Ken	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Cobbs	Telephone 1:
First name: Richard	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Signature(s) of the focal point for scope of authority (b) or the project participant to whom the changes apply (*)

Name of authorized signatory: Signature Date: dd/mm/yyyy

(Add lines for signatories as necessary. Only one signatory per entity is required.)

(*) In the case of programme of activities, this section shall be signed by the focal point(s) for scope (b)

DISCLAIMER: Any new representative for a focal point entity is understood to hold the same authority designated to him/her by the entity as that held by the previous signatory.

If a change to a project participant requested in this section is also applicable to a focal point entity, it is understood that the project participant and the focal point are the same legal entity, with the same legal registration in the respective jurisdiction.